2411 N. Charles St., Baltimore

159

06315370 Reg. Dist. No.

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanty give residence of mother)
County	State Maryland county Caraling
City or fown(If outside sity or town limits, write RURAL and give nearest town)	10.
How long in above place weath? 51 day	City or town
Hospital institution of street address where death occurred:	Street No
ber on Memorial Horg Graten, ma	(If rural, give LOCATION)
How long in hospital or institution? 51 stay	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Baly Gerl Breeding T	Korskeren /
4. Sex Scolor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION (). T.
F W Intent	2D. DATE DF DEATH 7-28
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(3) Name of husband or wife	6-3 19.HT, 10 7-23 19.HT.
7. 8 irth date of	17
deceased (mo., day, yr.) (2 - 3 - 4)	and thef I last saw headalive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
\ Mc   20hrsmin.	atolog to ació
	( Clivicians ) W.
9. Birthplace (A) Plan County, and state)	Due fo
	D A A
10. Usual occupation	Due to remotienty
11. Industry or business	
12. Name Offict Dulding  13. Birthplace Caurling Creating	Other conditions
\$ 13. Birthplace Carren Chester	
	(Include pregnancy within 3 months of death)
14. Maiden name Jally County.	Major findings of operations.
\$ 15. Birthplace albert chilles.	Date of op.
16. Informant Levels 1 Diesaula	Autopsy results
Address Day ton Ma	PHYSICIAN: Please underline the capse to which death should he charged statistically.
72 10 14 15 15 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where dld injury occur?
Connectery of Cremandy	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Vingel heroset do	Means of Injury Injured at work?
Address Denta Ingruland	OTRO D.D.
NAME OF THE PARTY	23. SIDNATURE M. D. or other
19. (Date read by registrar)	Address 2 14 E Dover Easter Date signed 75442



ELPHANDS ITE IS

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6496

Reg. Dist. No. 290

1. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Delia and Collabore	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I White Myspell	Sules the 47 1300
700000	20. DATE DE DEATH 19 4 21 GOOG
6.(b) Name of husband or wife	
7. Birth date of Sulfa By COCO	19. 10. 10. 19.
deceased (mo., day, yr.) and 22-1882	D. Ot
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION DURATION
64 10 11/1 hrsmin.	Duriclos
In olaila	
9. Birthplace	Due to
10. Usual occupation. House My	
11. industry or business	Due to
12. Name Culture 13. Birthptace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operatioos.
≥ 15. Birthptace	Date of op.
16. Intermant // Maryarks Ochilles	Actopsy results
Address Walkery M. M.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
10,11,10/1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remove Which?)  Bate thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Leading ENATING MAN	Injured at home, farm, Industry, public place (where?)
Location Law & March	Means of Injury Injured at work?
18. Funeral director	2 2 1
Address Stratout Mist	or CICHATURE MALLEN CHES
2/8 47 n K. no. ni.	23. SIGNATURE
19. Posistan	Tilde and the box

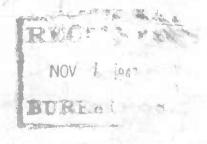
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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

921

#### CERTIFICATE OF DEATH

06311 eg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newform offants give residence of mother)
County	Affrageland Salbet
City or town	State County County
How long in above place of death?	(Lity or town
Hospital, Institution street address where death occurred:	H (furna, HA
J. Clurora St.	Street No. (If rural, give LOCATION)
How long Lanospital or Institution?	2.(a) If veteran, name war
3. (q) FULL NAME	3. (b) Social Security Number
1 John Caulk	218-05-2014
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hale White Separated	20. DATE OF DEATH July 3 19 47, at P. M
6.(b) Name of husband or wife. Bela French	21. I CENTIFY that death occurred on he date above stated; that intended deceased from
	James 25 1947 10 July 15 1947
7. Birth date of	and that I last saw h electralive on July 1954 1967
deceased (mo., day, yr.)	Immediate cause of death Magnettar) DURATION
8. AGE: Years Months Days If less than one day	hear's declare 3413.
6/min.	
9. Birthplace Talbot County Mid.	Die to atteris Schrosis 6415.
10. Usual occupation Jainten	A ~
W. T.	Due to
11. Industry or business	
12. Name. Tokarles V. Caulte 13. Birthplace Marykand.	Dther conditions
E Chroid Hulliken	(Include pregnancy within 8 months of death)
I 14. Malgen name	Major findings of operations.
15. Birthplace / Mary land	Date of op.
16. Informant Williams & Baulk (Sro.)	Antopsy results
Address Baston Ald.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
100 to 100 100 100 17 1047	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory spring Still	Where did injury occur? (City or town) (County) (State)
Contain 411	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Pastor Hd.	De pol . Same
	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar)	Address Easters Md Date stand 7/5/47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

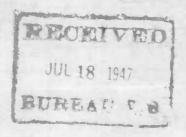
2411 N. Charles St., Baltimore

195 €

# CERTIFICATE OF DEATH

06312 Reg. Diat. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
E a a St.	State Md. County Ment
(If outside city or town limits, write RURAL and give nearest town)	11.0 2 7
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
negocial Hospital Easton, md.	Street No
How In hospital or institution? 4days 18 has 40 min	2.(a) If veteran, name war It wild was I
3. (a) FULL NAME	3. (b) Social Security Number
ERVEST Comerays	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Ringle	20. DATE OF DEATH. D. S.W. LY 19. 47 at L: 40 A M
6.(0) Name of husband or wife	21. I CERTIFY that death occurred on the dale above staled; that I attended deceased from
6 (a) 16 allow along any	6 2014 19 62, 10 10 30 14 19 19 47
7. Birth date of	and that I last saw h. I kan alive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
50 7nrsmin.	Elebral LonTusion 4 doys
K of B mak	Due to Troums . 6 Sule 42 9 9 9 9 9
9. Birthplace (Town, county, and state)	Due to Trauma boung 42
10. Usual occupation.	
11. Industry or business	Due to
12. Name Searce Correggs 13. Birthplace Kent Co. md	Other conditions Frest tomp. 4 Days
	(Include pregnancy within 3 months of death)
14. Malden name Mary Bawsel  15. Birthplace Kent Co. Md	
15. Birthplace Kent C. md	Major findings of operations
Eliah Parasas	Autonsy results.
(F. 1 C. ) m/d	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Flut Co. Miles	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burisi, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Charleston	Where did injury occur? (City or town) (County) (State)
Oak a total	Injured at home, farm, industry, public place (where?)
Locallon	Means of Injury 3 tnjured at work?
18. Funeral director	MIMMAMIE
Address 310 South St. Eastof	23. SIGNATURE 26-1- Kennamy MB.
19. (Date ree'd by registrar)  19. Registrar	M. D. or other
(Date ree'd by registrar) Registrar	Address Date signed Date signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

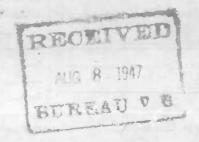
2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

0631395 Reg. Dist. No. 295

1. PLACE OF DEATH:  County  City or town.  (If Sutside city of town limits, write RURAL and give nearest town)  How long trabour race of death?  Hospital, Inst. Bilon, or street address where death occurred:  Now rong in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother)  State County (If outside city of town limits, write RURAL and give nearest town)  Sireet No. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex 5. Color or raye 8.(a) Single, married, widowed, or divorced  Ferriale White Widowed  6.(b) Name of husband or wife Mr. Bradford Danis	MEDICAL CERTIFICATION  2D. DATE DF DEATH.  2 2 19.47 at 8.45 P. M  21. I CERTIFY that death occurred on the date above stated; that I allended deceased from 19.47 to 22.44 p. 19.47.
7. Birth date of deceased (mo., day, yr.) May 2 2 /8 76  8. AGE: Years Months Days if less than one day hrs. min.  9. Birthplace (Tyvn, county, and state)  10. Usual occupation.	and that I last saw h
12. Name Williams Search 13. Birthplace Conne 13. Birthplace Conne 15. Birthplace Eurosylvapient 16. Informant Mas May Marchly Haughty Address Williams St. Tagy Harry N. J.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Bdrial, cremation, or removal. Which?)  Cemetery or crematory  Location  18. Funeral director  Address	Accident, suicide, or homicide



PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

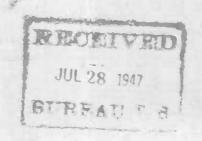
2411 N. Charles St., Baltimore

06314

#### CERTIFICATE OF DEATH

er. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Callot
How long in about place of death?	(If outside city or town limits, write RURAL and give nearest town)
nuspital, institution, or street address where seath occurred:	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
JOHN LEMUEL FOSTER: JO	3. (b) Social Security Number
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED.	20. DATE OF DEATH
8.(b) Name of husband or wife ELTI PBETH FOSTE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give ageyears	and thet I last saw h
7. Birth date of PEC. 9-1890 deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediate Case of Seattle
57 7 /3hrsmin.	arteriorelesotic Heart Disease 5 years
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation Quantum	
11. Industry or business	Due to
E 12. Name WOHN L. FOSTER	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name MARGARET BALL  15. Birthplace Conference.	Major findings of operations
20 0 21.25 TEB	Date of op.
a - 1	Autopsy results
Address ( as kn mel.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Constant   made	injured at home, farm, industry, public place (where?)
18. Funeral director are the state of force	Meens of Injury Injured at work?
Address Evalue And.	PS Par In T
18. 7/23 18 47 M.R. ners	23. SIGNATURE M. D. or other



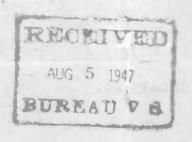
2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

			294
Reg.	Dist.	No.	

	Reg. Dist. No.
1. PLACE OF DEATH: County Talbot County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town	State Maryland County Tal bot  City or town (if outside city or town limits, write RURAL and give neerest town)  Street No. (If rnral, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Edward A. Haddaway	3. (b) Social Security Number None
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   White   Widowed	2D. DATE DF DEATH MEDICAL CERTIFICATION  2D. DATE DF DEATH MEDICAL CERTIFICATION  2D. DATE DF DEATH MEDICAL CERTIFICATION  2D. DATE DF DEATH MEDICAL CERTIFICATION
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from  19
8. AGE: Years Months Days If less than one day 61 11 9	Immediate cause of drib.
8. Birthplace Tilghman, Talbot County, Md.  (Town, county, and state)  1D. Usual occupation Waterman	Due to
11. industry or business Oyster	Due to.
12. Name	1
14. Malden name. Margaret Cummings  15. Birthplace Tilghman, Md.	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Dalmus Haddaway  Address Tilghman, Md.	Autopsy results
17. Burial (Burial, cremation, or removal, Which?)  Date thereof 7/19/47 (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, euicide, or homicide
Cometery or crematory Tilghman M.E. Cemetery  Location Tilghman, Md.	Where did injury occur?
18. Funeral director J. Norman Marshall	Meens of Injury Injured at work?
Address St. Michaels, Maryland.	23. SIGNATURE Sugar Decare
18 (Date rec'd by registrar) 1947 Registrar	Address Detection 2 Date signed 2 1919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

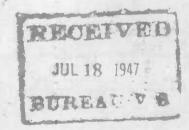
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06317

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Palbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City of Copper Wille (If outside city or town limits, write RURAL and give nearest town)	State City or town Copperville (If outside city or town limits, write RURAL and give nearest town)
Howfong in above place of death?	
at home	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	
Willis Hinton	3. (b) Social Security Number
4. Sex Lale Solor or race 6.(a) Single, married, widowed, or divorced 1.1 dowed	MEDICAL CERTIFICATION  20. DATE OF DEATH
8.(b) Name of husband or wife Elizabeth Hinton	21. I CERTIFY that death occurred on the date above stated; that Mattended deceased from
7. Birth date of deceased (mo., day, yr.) September 7, 1868	and thet I last saw h. Lan. alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
78 10 6hrsmin.	Jacon of would fly
9. Birthplace Conperville (Town, county, and state)	Due to Riph They
10. Usual occupation	Oue to
11. Industry or business	
12. Name Samuel Hinton  13. Sirthplace Talbot County	Dther conditions
	0 00
14. Malden name — lizabeth Copper 15. Birthplace Falbot County	(Include pregnance) within 3 months of death)
Falbot County	Major findings of operations of week Jeel good
115. Biringiace	pate of op. The fit
16, Informant	Antopsy results.  PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
Address L. P. D1 Comparvilled.	
17 Rate therent 7/17/47	22. VIOLENCE: If death was due to external causes, till in the following;
17	Accident, suicide, or homicide
Copperville	Where did injury occur?
Copperville, Ld.	Injured at home, farm, industry, public place (where?)
	Meens of Injury Injured at work?
18. Funeral director. Leon Leon Leon Leon Leon Leon Leon Leon	1 228 001
Address 310 South St. Easton, I.d.	23. SIGNATURE CLOCKET TI Sugal land
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Entre Carl Date signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

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1. PLACE OF DEATH: County Talbot		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
St Michaela		state Maryland cour	ny Talbot		
(If outside city or town limits, write RURAL and give nearest town)  How tong in above place of death?		City or town St. Michaels (If outside city or town limits			
How tong in above place o Respital, institution, or s	f death?	O yea	113	(If outside city or town limits	, write RURAL and give nearest town) .
nospital, institution, of s	rieer addiess where d	eziii occorreu		Street No.	
Was larged beautiful as i	444412		***************************************	(If rural, give	
Row long in hospital or t	nstitution r			2.(a) If veteran, name war	
3. (a) FULL NAME					3. (b) Social Security Number
Sarah	C. Hunt				none
4. Sez	5. Color er race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Female	white		married	20. DATE OF DEATH ALLEY	t 19.47 at 11 P 11
6.(b) Name of husband or	wife Will	iam I	- Hunt	21. I CERTIFY that beeth occorred on the date about	
		B.(c	) If alive, give age70years	Jan. 2 3 18	4.7. 10 July 1st 19.4.7.
7. Birth date of	Oct	. 6.	1865	and that I last saw he alive on	leg 1 st 19 4 7
deceased (me., day, yr.)  8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION
0	8	26		Bronch	o free -
81			hrsmtn.	0 .	
9. Birthplace	Qeeen	Anne	County tate)	Due to Lyfradure	
th House econodian	House	wife			
ib. Ostat accapation.		Due to			
11. fodustry or bosiness	mania Tou				
	rank Low			Other conditions	
	albot Co			(Include pregnancy within 3 m	conthe of death)
14. Malden name. M	ary A. C	arvel	.1		
14. Malden name. M. 15. Birthptace Q	ueen Ann	e Cou	intv	Major findings of operations.	
					Bate of ep
	illiam T			Antopsy results	
Address S	t. Michae	ls, A	ld	22. VIOLENCE: If death was due to external cause	
Buria (Borial, cremation, o	1	Date there	ef July 5,1947		
			(	Accident, suicide, er hemicide	
Cemetery or crematory	Geme	every		Where did injury eccur?(City or town)	(County) (State)
Lecation Stephensville Md.			y	Injured at home, tarm, industry, public place (wh	nere?)
18. Funeral director Newnam & Harrison			ison	Means of Injury	Injured at work?
	st. Michae			1 -	11.00 4.0
19 July 4	1947	Mrs	Polix L. Dell-	23. SIGNATURE & DELLER	M. D. or other  Ls Medate signed July 4/4
(Date rec'd by regis	strar) (		Registrar	Address Address Address	Date stgned July 1
1					<b>V</b> /

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# CERTIFICATE OF DEATH

Reg. Dist. No.

The state of the s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Talkat	State Mary Land County Quean County
City or town	T William O
How long in a place of death? 2 6 days	City or town
Hospital Million, or street address where death occurred:	Street No.
How long in hospital or institution? 2 le days.	(If rurns, give LOCATION)
3. (a) FUCH NAME	3. (b) Social Security Number
James Hynson	or (o) South Security Names
4. Sex 5. Color or race 5.a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 29
m Colored Single	20. DATE OF DEATH July 14 19 47 at 3 /P M
G.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	Jeach 19 47, 10 4 feet 19 42
7. Birth date of deceased (mo., day, yr.) July 21-1925	and thet I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
hrsmin	engliem also
9. Birthplace Queen Come County.	Que to errythematicus
(Town, county, and state)  10. Usual occupation. Author along	, /
2 , 7	Due to
	-
12. Name Canasa Hyroson L. 13. Birthplace Queen lane Co.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name for ab E Jones  15. Birtholace Queen Cerne Co.	Major findings of operations
\$ 15. Birthplace of ween leave to.	Oate ot op
16. Intermant MANA Algorithm	. Autopsy results
Address Centremente, M.S.	22. YIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal Which)  Bate thereof. 7 (Month) (dyy) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (day) (year)	Where did injury occur?
Carried To make	(City or town) (Connty) (State)
Location	Means of Injury Injury Injury
18. Funeral director.	2 / 1/ / 10
Address Hunch Half,	23. SIGNATURE Laure Par Names an M. N.
19. 7/15- 19. 47 M. K. Kosse	Barker hangland M. D. or other 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

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1 0	2411 N. Charles St., Baltimore	9
	CERTIFICATE OF DEATH	Reg. Dist. No. 296
1. PLACE OF DEATH:   Closed County City or town   City or town limits, write RURAL and	d give nearest town)  Cily or town	County County
How long it above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME Philip Lloye	Street No(If r	own limits, write RURAL and give nearest town)
3. (a) FULL NAME Philip Lloyo	l Jen Kins	3. (b) Social Security Number
4. Ses S. Color or race 6.(a) Single, married,	20. DATE OF DEATH	CAL CERTIFICATION  18.42. at
Solution of husband or wife		the date above stated; that I attended deceased from
deceased (mo., day, yr.)  8. AGE: Years Months Days If less	than one day hrs. min. Immediate cluse of death	Aty 7 mes. DURATIO
9. Birthplace	out me on Multiple	arity 247#
10. Usual occupation	Due to	19
to hotela mo	Auly (Include pregnancy	within 8 months of death)
¥ 15. 8irthplace	Acioney results.	Date of op
Address  Cacoffru Mul  To the state of the s	22. VIOLENCE: If death was due to a Accident, suicide, or homicide	external causes, fill in the following;
Cometery or crematory		or town) (County) (State) c place (where?)
18. Funeral director	Msans of Injury  23. SIGNATURE. LAM	Mollessed 1
19. 27 19 47 N J9	Registrar Address Kast	M. D. or other Date signed 7-29-

MARGIN RESERVED FOR BINDING

VS A15

FARAL JAMES Jan V. Prilip Lloyd Jen Kins RECEIVED BUREATICA attille meranin

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

06321 Reg. Dist. No. 2.20

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Maryland County Lullat
City or town	15-
How long In above place of deam?	Cily or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or state address where death occurred Toslan Md.	Street No.
How long in hoseful or institution?	(If rural, give LOCATION)
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	2D. DATE DE DEATH SALLY 3/ 19.47 21/5 20 0. M
Margaret Whyan	20. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Man garet Athusau	July 26 19 47 10 July 3/ 1947
7. Birth date of	and that t last saw h American alive on Deally 30 19.4.7
deceased (mo., day, yr.) flend 18 1891	Immediate cause of death
8. AGE: Years Months Days If less than one day  55 Fus I mo LOdo: hrs	6 days
9. Birthplace Jallat Cresily	Bue Io.
Town, county, and states	
10. Usual occupation. J. C.	Due to
11. industry or business	
12. Name Jank Johnson	· Dther conditions
Z 13. Birthplace Scheder	(Include pregnancy within 3 months of desth)
14. Malden name Comma Standard	Major findings of sperations.
\$ 15. Birthplace Evelden	Date of op.
18. Informant M. omoxia & Hospital	Antopsy results
Address Easton no	PHYSICIAN: Please underline the cause to which death should be charged statistically.
72	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Adaptople	injured al home, farm, industry, public place (where?)
18. Funeral director A Bles Clark	Maans of Injury Injured at work?
Address Carten Od	2 1 7 1
81 - Well Maria	23. SIGNATURE M. D. or other
19	2 1 1 1 1 5-6/42



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

06322 Rog. Dist. No. 291

1. PLACE OF DE.	TH: .bot			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
		state Maryland Cou				
(If o	utside city or town	limits, write F	URAL end give nearest town)	Bozman		
How long in ebove place	ot death?	Ÿ	***************************************	(If outside city or town limits	, write RURAL and give ne	arest town)
Nospital, tostitution, or	street address where	death occurred		Street No		400000000000000000000000000000000000000
Now long in hospital or	leadlinkles 2	• • • • • • • • • • • • • • • • • • • •	***************************************	(If rural, give		
		***************************************	***************************************	2.(a) It veleran, name war		
3. (a) FULL NAMI					3. (b) Social Security	Number
Laura F	Mc Qua	ay	e, married, widowed, or divorced		none	
				MEDICAL CI	ERTIFICATION	
female	white	m	arried	20. DATE OF BEATH July 8.	147	.6 P. M
6.(b) Name of hosband	Re Re	bert	J. Mc. Quay	21. I CERTIFY that death occurred on the data abo		ased from
			72	1 32 2 0	47 , July 8	19.47
	. Oat	b.(6	b) It alive, give age	and that I last saw h.C.Talive on	y 8	1847
deceased (mo., day, y	Mooths	15, 1	866	Immediate cause of death		
				Cardiac Failure	0 ** 0 8 8 ° 0 ° 0 ° 0 ° 0 ° 0 ° 0 ° 0 ° 0 °	l hr.
80	8	23	hrsmiq.		************************************	* *************************************
9. Birthplace	albot C	county, and s	· Md.	Due to Chronic Myocar	ditis	10 yrs.
10. Usual occupation.			An a line			15 yrs.
			***************************************	Due to Essential Hyper	tension	15 yrs.
11. Industry or business		f - 0				603002000000000000000000000000000000000
12. Name	TITIEM 1	ac. Qua	<b>y</b>	Other conditions		
	albot co	ounty.	Md.	(Include pregnancy within 3 n	nonths of death)	
14. Maideo name	rle Ann	Ridge	way	Major findings of operations.		
15. Birthplace T	albot co	unty,	Md.	Major hadings of operations		
14. Maideo name.  15. 8irthplace T  16. tatormaot	obert J.	Mc. Q	lay	Antopsy results.		
	ozman, M			PHYSICIAN: Please underline the cause to wh		
			7 7 77 701-	22. VIOLENCE: It death was due to external cau	ses, fill to the tollowleg;	
(Bnrial, cremation,	or removal. Which?	Dale there	ot July 11,1947.	Accident, suicide, or homicide	Date of	044009909000000000000000000000000000000
				Where did injury occur?(City or town)		
			•	(City or town) Injured at home, farm, industry, public place (wh		
Location				Means of lojury	Injured at work?	0.00.00.00.00.00.00.000.000.0000.000
18. Funeral director	*********************	*****************	arrison	means or logary	Injured at work?	
Address	St. Mi	chael	s, Md.	Malory	Mainle 1	M. D
aul in		Jul	RUL D Duch-	23. SIGNATURE	M. D.	or other
(Date rec'd by reg	18.44.)istrar)	7.00	Registrar	Address St. Michaels .	Md . Date signed.	7/10/47



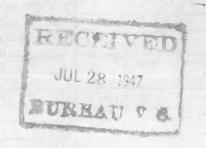
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# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 78 de

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county. Jacks +	State Manyland County Tallet
City or town. Some (If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	Rot do
Meusical Hospital	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5 Color or race 6.(a) Single, married, widowad, or divorced	MEDICAL CERTIFICATION
IN WILL	20. DATE OF DEATH. Stely 2/57, 19.47, 21.3/57, M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the taje above stated; that hattended deceased from
	19.47 10 10.47
7. Birth date of deceased (mo., day, yr.) 1877	and that I last saw he was all death Office on the same of death Office of the same of the sam
8. AGE: Years Months Days   If less than one day	Immediate cause of jeath. Illegation DURATION
70hrs, min.	11-1-10-00-11
9. Birthplace (Town, county, and state)	Due to Kertetana anema / // eps
tD. Usual occupation.	Due to
1t. Industry or business	UU ( 1
t2. Name JAIA C. Milles  13. Birthplace Seukneers	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Dallie and Cohrectian  15. Birthplace , Md,	Major findings of operations.
15. Birthplace , Md,	Date of op.
16. Informant Mers S. B. Brus 125	Autopsy results
Address Eastern ma	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
17. Briss Oale thereof. 7/23/47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured al home, farm, Industry, public place (where?)
18. Funeral director Facility Clark Suns,	Meens of injury Injured at work?
Address Saston Add.	William & Summer and
alan un Religionales	23. SIGNATURE M. D. or other
(Date red d by registrar)  Registrar	Address Eastern Dad. Date signed 7-22/47



06324

88 e	2411 N. Charle	s St., Baltimore 93d	44
ME	CERTIFICAT	E OF DEATH Reg. Dist. No.	70
3/.	1. PLACE OF DEATH: County TABES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
y. The	City or town	State County Called	2.000.000000000000000000000000000000000
refull ly an	How long in above place of teath?	City or town	it town)
on ca	How long in hostival or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war	
information carefully of death clearly and	3. (a) FULL NAME ALONZA LEE NICHOLS.	3. (b) Social Security Nu	ımber
inf s of	4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
tem of	MALE WHITE MARRIED	20. DATE OF DEATH	11130 M
item e caus	6.(b) Name of husband or wife MARGARET	21. I CERTIFY that death occurred on the date above stated; that I attended decease	_ /
every if	DicHoLS. 6.(c) If allve, give age years	19.40, 10	
	7. Birth date of deceased (mo., day, yr.) Nov 28 1870	_	19.4
upply	8. AGE: Years Months Days I fless than one day	Immediate cause of death	DURATION
ADING INK. Supply Physicians: please wr	· Ritholore EASTON TABBOT Co. Md.	Due to.	3.723
G IN cians	(Town, county, and state)  10. Usual occupation RETIREL	Due to.	5- gare
NIC issi	11. Industry or business Stock dealer	DUE 10.	
r.	12. Name HENRY NICHOLS 13. Birthplace TALBOTCO, vod.	Other conditions & Language left.	5-years
WITH UNI	HE 14. Malden name TO FRO PRET WOOLEY	(Include pregnancy within 3 months of death)  Major findings of operations.	
impor	15. Birthplace TALBOT C. md.		
PLAINLY, V	16. Informant MARGARET NICHOLS.	Autopsy results	tistically.
llN pec	Address E HS 10N, ND 3	22. VIOLENCE: If death was due to external causes, fill in the following:	
PLA is es	(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	222 80 × 2000 0 × 2000 0 0 0 0 0 0 0 0 0 0 0
臼	Cemetery or crematory SPRING	Whera did injury occur?	State)
WRIT	Location EASTON ATEROLOGICAL	Injured at home, farm, industry, public place (where?)	1000
	18. Funeral director	Meens of Injury Injured at work?	
PLEASE	Address Coalin Tod.	23. SIGNATURE 20 COY 2M D. O. O. O.	other
P.	19. (Data rec'd by registrar)	/ 4 /	129/47

MARGIN RESERVED FOR BINDING

VS A15



	CERTIFICAT	E OF DEATH Reg. Diat. No. 290
	1. PLACE OF DEATH:  County  City of tokin  (If outside city or town limits, write RDRAL and give nearest town)  How logg in above place of death?  Hospital, institution, or street address where deam occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
	Now long In hospital or Institution?	2.(a) If veteran, name war
	3. (a) FULL NAME Than Vanneman Ra	3. (b) Social Security Number
	4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Male White Married	20. DATE OF DEATH July 30 th 19.47 at 5:20 M
	6.(b) Name of husband or wife May Markets  6.(c) If alive, give age 7.3 years	21 I CERTIFY that death occurred on the date above stated: that strended deceased from 30.18 47.
	deceased (mo., day, yr.) Oct. 4 1874	and that I last saw h alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
	8. AGE: Years Months Days If less than one day 72 9 26hrs. min.	apoplety 3 days
	9. Birthplace Philadelphia Pa	Due to Cerebral arterio Sclerosis?
	10. Usual occupation. Retired to detail	Due 10 Hypertrophied fredule 2 yrs
	12. Name Isaac Il drish Pa.  13. Birthplace Philadelphia, Pa.	Diher conditions Diabets meliters 4910+
		(Include pregnancy within 3 months of death)
-	14. Maiden name Haviet Varmanan 15. Birthplace Port Deposit Ml	Major fiediogs of operations of per Solution of Date of opposite 18 1945
ï	16. Informant Mrs. May Rabrake	Autopsy results. None
	Address Easton, M.	PHYSICIAN: Please ooderliee the caose to which death should he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
	17. Burial Date thereof Oug 2 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
	Cemetery or crematory Was allaway	Whera did Injury occur?
	Location Port Deposit Md.	Injured at home, farm, industry, public place (where?)
	18. Funeral director. John D. Williams	Means of Injury Injured at work?
1	Address Caston, Maryland	23 SURVATURE Shurt Schneider. On to
	19. (Date reck) by registrar) 19. 47. IJV4 / Level Registrar	Addrew Easton md Date signed poly 30,47

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PERASE

A15

SA

RESERVED FOR BINDING

MARGIN

M



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME S. a. Richardson	3. (b) Social Security Number
6.(b) Name of husband or wife Assach range Recharden.  6.(c) If alive, give age 7. 7 years	MEDICAL CERTIFICATION  2B. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that tattended deceased from  19
7. Birth date of deceased (mo., day, yr.) May 17, 1887	and that I last saw h
8. AGE: Years Months Days If less than one day 65 7	Due to
11. Industry or business?  12. Name	Diher conditions
14. Maiden name Such Baker.  15. Birthplace Filand.  16. Informant May Desagh St. Q. Quelandon	Major fiadings of operations
Address  17. Date thereof. (month) (day) (year)  Cemetery or crematory. (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director.  Address  19. (Date rec'd by registrar)  Registrar	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE Lowin Offseth M.D. Offs Mulky  Address Dastry Mul  Date signed 7-22-47

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JUL 28 1947

BUREAT

2411 N. Charles St., Baltimore

486

Reg. Dist. No. ....

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)	
County (ror newporn intents give residence of mother)  State County Coun	)
How long in above place of death?	********
Hospital, Institution, or street address where death occurred:  Street No	
How long in hospital or institution?	
3. (a) FULL NAME  Social Security Number  Tone	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION	
Temale Colored Willow 2D. DATE DF DEATH July 218, 19.217, at 755	P.M
B.(b) Name of husband or wife	47
7. Birth date of 2. S.(c) If alive, give age years and that I lapsaw h	45
deceased (mo., day, yr.)	ATION
74 6 27 hrs min	
Tall 40 - The 1	И.,
(Town, county, and state)	
1D. Usual occupation. Due to.	**********
11. Industry or business 1 12. Name Charles Libror Piler conditions Metastories & lumpitue 846	••0
12 Sirihalana 7- 0 f. at Ca Th 1	***********
(Include pregnancy within 3 months of death)	
15. Birthplace Talfat Golf Major findings of operations.  Date of op.	
16. Intermant April Nowall Dhereward Autopey results.	
Address ike swille 8 7Ad. PHYSICIAN: Please underline the cause to which death should be charged statistically	
Burial, cremation, or penfoval. Whileh?)  Date thereof (month) (day) (year)  Accident, suicide, or homicide.  Date of	,,,
Cemetery or crematory (Clty or town) (County) (State)	************
Location at home, farm, industry, public place (where?)	
18. Funeral director Maurice To. There are the Means of injury injured at work?	
Address Caston ma. Illat. The eller	0
19. (Date rec'd by registrar)  19. (Date rec'd by registrar)  Registrar  Registrar  Address. Sold Martine M. D. or other Address. Sold Martine Date signed.	n



# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

		,		
CERTIFI	CATE	OF	DEA	TH

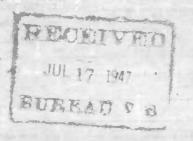
06328 Rog. Diat. No. 291

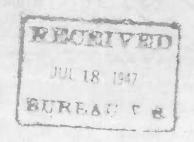
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland. county. Talbot.  City or town. St. Michaels. (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war.  3.(b) Social Security Number
W. James Thomas Jr 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced  male colored widower  6. (b) Name of husband or wife Lillie Thomas	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Interest 3 19.4 To Jacky 14 19 4 To and that I last saw home alive on Jacky 13 tt 14 4 7.19  Immediate cause of death Tanachter Set through DURATION  Loss rightles
62 7 9 hrs. min.  9. Birthplace Trappe Talbot Co. Md.  (Town. county, and state)  10. Usual occupation Gardner  11. Industry or business	Due to arterio-sclerary  Cloochronic replication  Due to
12. Name W. James Thomas, Sr. 13. Sirthplace Trappe, Md.	Diher conditions Asyfetation flat of laves (Include pregnancy within 3 months of death)
14. Malden name Jane E. Jackson 15. Birthplace Trappe, Md.  16. Informant Sarah Thomas  Address St. Michaels. Md.	Major fiodiogs of operations
Burial (Buriai, cremation, or removal, Which?)  Cemetery or crematory  St. Michaels. Md	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director	Means of Injury  Injured at work?  23. SIGNATURE S. DET J. W. D. or other  Address, S.L. Turchull S.L. Date signed T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15





2411 N. Charles St., Baltimore

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06330

# CERTIFICATE OF DEATH

	Reg. Diat.	No	7.
EC	EASED:		
	Ch	eal.	mi

State Country  (If outside city or form (If outside city or form Intition of the August Edward)  How long in above of death as the Country  How long in above of death as the Country  How long in broad or institution, or stray heights where destin occurred:  May long in broad or institution?  3. (a) Figure NAME  3. (b) Figure NAME  4. Set  5. Color or race  Col.  6. (c) If allow, give age  7. Birth date of death and of the Country of the	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
So less the shapes of beautiful to the state of the state	County	
Sew long in above place of death and give nearest town)  Monopolia, Institution; or straphilippin, or stown limits, worth RUPAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If weleran, name war.  3. (b) Social Security Number  3. (c) Fally NAME  3. (c) Fally NAME  4. Set  5. Sofer or race  ALO) Rame of husband or wise.  8. (c) If alive, give age.  8. (c) If alive, give age.  9. Birish date of death located on the date above stated; that, altituded deceased from deceased (no., day, yr.)  9. Birish date of deceased (no., day, yr.)  10. Usual occupation.  11. Industry or business  11. Maiden name RALLING  12. Sold and that I lagt submitted the cause of which death should be charged statistically.  Major findings of operations.  11. Birth date or submitted deceased, from the submitted deceased (no., day, yr.)  12. Sold and that I lagt submitted the cause to which death should be charged statistically.  13. Birth date or submitted deceased, from the submitted deceased (no., day, yr.)  14. Maiden name RALLING  15. Birth date was dee to external causes, fill in the following:  16. Independent of the cause of which death should be charged statistically.  17. Cemetery or crematory (County) (County) (State) (Industry, public place (where?)  18. Foreral director.	City or town	
Street No.    Comparison   Description   Des		City or town (If outstill city or town limits, write RIRAL and give nearest town)
The long in hospital institution?  3. (a) Fight NAME  4. Set  5. Color or race  (a) Single, married, wideopd, or disorced  (b) Single, married, wideopd, or disorced  (c) Single, married, wideopd, or disorced  (c) Single or race  (c) Single, married, wideopd, or disorced  (c) Single or race  (c) Single, married, wideopd, or disorced  (c) Single or race  (c) Single, married, wideopd, or disorced  (c) Single or race  (c) Single or race  (c) Single or race  (c) Single or race  (c) Single, married, wideopd, or disorced  (c) Single or race  (c) S		
New long in bogs of institution?	memorial sospetal	
3. (a) Full NAME  4. Sex 5. Oxfor or race 5. Oxfor or race 5. Oxfor or race 6. (a) Single, married, wideopte, or divorced 7. But of the state of the	0.11	N N
5. Color or race  1. Sex  1. Color or race  1. C		
8.(b) Name of hurband or wife.  8.(c) If alive, give age years deceased (mo. day, yr.)  9. Birthplace Years Months Days If less than one day hrs.  10. Usual occupation.  11. Industry or business  12. Name Dalid Resident Community and states of the state of the stat	Osaby Day We	
8.(6) Name of husband or wife  8.(6) If alive, give age years deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)  9. Birthplace	4. Sex 5. Cofor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8.(c) Name of bushand or wife  7. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months  9. Birthplace  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Birth date of deceased (mo. day, yr.)  18. Birthplace  19. To the findings of operations.  19. To the findings of operations.  19. Was occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Maiden name  18. Informant  19. Include pregnancy within 3 months of death)  Major findings of operations.  18. Informant  19. Major findings of operations.  19. Was occupation  1	m. col.	20 have no nearly July 14 1047 at 8 comme
T. Birth date of deceased (mo. day, yr.)  B. AGE: tears Months Days II less than one day  S. Birthplace Months Days III less than one day  Dutation  Major findings of operations.  Dutation  Dutati		
Second content of deceased (mo, day, rr.)   Sure of death   Sure of death   Sure of deceased (mo, day, rr.)   Sure of death   Sure o	8.(b) Name of husband or wife	P. 4 1/1
1. Birthplace		0 /4/ 6 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
8. AGE: Years Months Days If less than one day    Grown county, and state)   Swell	7. Birth date of	and that f last saw had an alive on
9. Birthplace		Immediate cause of death
9. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business    12. Name		
1D. Usual occupation.  11. Industry or business    12. Name.	Juffelm	
11. Industry or business    The conditions   Different conditions		Due to preslaupter to frem 8 miles
11. Industry or business    12. Name	1D. Usual occupation.	Dua to
13. Birthplace	11, Industry or business	000 10
13. Birthplace	# 12 Name Row, Rayfield Wallace	Dakes conditions
14. Maiden name   15. Birthplace   16. Informant   16. Informant   17.   17.   18. Funeral director   18. Funeral director   19. Signature		
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to whith death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Date of		(Include pregnancy within 3 months of death)
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to whith death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Date of	14. Maiden name 10.	Major findings of operations.
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to whith death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Date of	E 15. Birthplace anknown	
Address Alexander Manager and Address Address Address Address Address Address Address Address Address Physician Phys		
22. VIOLENCE: If death was due to external causes, fill in the following;    Commetery or crematory   County   County	0 0 0	
Date thereof	Address Relation , had , RD 2	22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or crematory  Location  18. Funeral director  Address  Where did injury occur?  (City or town)  (County)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SiGNATURE  M. D. or other	(Ruris) cremation or removel Which?	Accident, suicide, or homicide
Location Injured at home, farm, industry, public place (where?)  18. Funeral director Injury Injured at work?  Address 23. SIGNATURE Place (where?)  M. D. or other	$\mathcal{M}$	
18. Funeral director Injured at work?  Address Yaul Turk Turk  M. D. or other		
Address Zasland 23, SIGNATURE Hawks Zu Q	Location Location	
Address Easter and 23. SIGNATURE Haullworks Zu W	18. Funeral director. M. 2. 1. D. 1.	Means of injury Injured at work?
23. SIGNATURE. M. D. or other		Draud wat Turk
M. D. or other		
(Date rec'd by registrar)	19. (Date rec'd by registrar) Registrar	Durlin and



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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 58c 2411 N. Charles St., Baltimore

06334

M. D. or other

. Date signed.

CERTIFICAT	E OF DEATH Reg. Diat. No. 590
County City or town.  (If outside lify or town limits, write RURAL and give nearest town)  How long in above place of scalh?  Hospital, institution, or street address where death occurred:  Memory and the spital or institution?  3 3 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
3. (a) FULL NAME	3. (b) Social Security Number
Como Pelecera Miles Williams	none
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced  Followed Perfe	MEDICAL CERTIFICATION  20. DATE OF DEATH July 16 19.47 21.7 /mm
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Oct. 18, 1930	and thet I last saw h. A. alive on 16 July 19 47
8. AGE: Years Months Days It less than one day	Immediate cause of death (erl(ra)) DURATION
9. Birthplace (Town, county, and state)  10. Usual occupation Domestic  11. Industry or business	Bue to Phenmatic Myocar ditis 3 Montes
12. Name At Master for Mills  13. Birthplace St. Michaels	Diher conditions Admer Facture
14. Malden name. Alaszewilliams  15. Dirthplace Rayal Oak, md.	(Include pregnancy within 3 months of death)  Major findings of operations
16. Interment Mrs - Iglalan Williams Address st. Michaele mo	Autopsy results
17 Burial (Burial, cremation, or removal, Which)  Dale thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location of michaels. and	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. Tempan & Warresw	Meens of Injury Injured at work?
Address Loft michaels and.	Theolog House
	23. SIGNATURE

Address.

AUG 5 1947
BUREAU C 6

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH OF

		90
leg.	Diat.	No. 270

<i>f</i>	
1. PLACE OF DEATH:  County Jallot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown. (If outside city town limits, write RURAL and give nearest town)	State delaware county Kent
(If outside city Town limits, write RURAL and give nearest town)	City or town Wyoning - Coute #1
How long in above place or death?	(11 oftside city or fown limits, write RURAL and give nearest town)
Mangred Hospital at Bacton	Street No. (If rural, give LOCATION)
How long in hospital or institution? 7 1/21 Recent	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charles Bach	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Veley 12 19 47 at 11 - P
6.(6) Name of husband or wife Mrs. Louise, Zach (wife)	21. I CERTIFY that death occurred on the die above stated; that I attended deceased from
6.(c) If allve, give age 5.6 years	
7. Birth date of deceased (mo., day, yr.) [ Laril 6 , 189]	and that I last saw halive on
8. AGE: Years Months   Days   If less than one day	Immediate cause of death
56 3 6nrs. min.	C.NS Z. 18- 20-
9. Birthpiace Tovalles, Czechoslovakia	Due to
10. Usual occupation Sutelles	
11. Industry or business Farmer	Due to.
	Dther conditions
12. Name Charles Jach 13. Birthplace Nova Was, Chechoslovakes	
14. Maiden name anna Zila 15. Birthplace Morra Woss, Caschoolovakes	(Include pregnancy within 8 months of death)
15. Birthplace Nova Vos, Cachoslovakia	Major findings of operations.  Date of op.
16. Informant Mrs. Louise Zach	Autopsy results.
Address Wyoming, Delaware - Route#1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
21 11 0 0 0 0	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Soft Sind Dorth Att	Where did injury occur?
Location Dover, Del.	Injured at home, farm, Industry, public place (where?)
18. Funeral director A Horsey Millianson	Meens of injury Injured at work?
Address Federals hung no to.	12 SIGNATURE / 3 Cot Zn &
10 2/15- 1047 POW. MOIDING	23. SIGNATURE M. D. or other
(Date reg'd by registrar)	Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

